

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

	FORM FOR CANDIDATE COMMITTEES
1. Committee ID #: 150170	10. X REPORTING WAIVER REGISS. If the communication
2. Type of Filing: Original	and checks this box, the filling requirement of pre, post and annual campaign statements is walved. The Reporting Waiver will be automatically tost if the committee exceeds the \$1,000 threshold.
Amendment to items: Phone, # Eff Date 7-2408	11. Name and Address of Depositories or Intended Depositories of committee funds (Michigan Bank, Credit Union or Savings & Loan
3. Full Name of Committee (must include Candidate's first and last name): Comm. to Elect Conniethwerman williams Tup. Treasurer	Association) a. Official Depository
4a. Candidate Full Namo (Last, First, M.I.): HOVER MAN. CONNIE M.	INDEPENDENT BANK
4b. Political Party (if applicable):	Auburn. m1 48619
DEMOCRAT 4c. County of Residence: BAY	b. Secondary Depository
4d. Office Sought (Check one):	
Governor Lt. Governor State Senato State Rep. Sec. of State Attorney Ger	
State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Cou	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Twp .TREA SURER	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
4e. District/Circuit # or Jurisdiction Williams Turf. 5. Date Committee was Formed: 4-5-2000	The Campaign Finance Act requires any committee that files
6a. Committee Phone #: 989-662-7743	preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of
6b. Committee Fax #: N/A	charge to assist you in meeting this requirement.
6c. Committee E-mail Address: N/A	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box): CONNIE HOVERMAN	** OR **
5628 Saunders Rd Auburn M1 48611	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	
8. Treasurer Name and Complete Address: CONNIE HOVELMAN	I/We certify that all reasonable diligence will be used in the
5628 Saunders Rd Auburn M) 48611	and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: 989-662-7243	Canetidate: Connie M. Hovesman 7-2908
E-mall Address: Choverman Clahos. com	Connelly Hoverman 12,700
9. Designated Record Keeper Name and Complete Address	Current Treasurer: Description 1-29-08
	Designated Record Keeper (Required only if filing electronically):
Phone #; E-mail Address;	

CFR101 CAN SO doc REV 11/05: Authority granted under Act 388 of 1976, as amended